

THE COMMONWEALTH OF MASSACHUSETTS Division of Insurance

One South Station

Boston, Massachusetts 02110-2208

APPLICATION FOR SURPLUS LINES BROKER LICENSE – CORPORATIONS, PARTNERSHIPS, & LIMITED LIABILITY COMPANIES

INSTRUCTIONS -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- Currently hold a Business Entity Property & Casualty Producer License
- Each individual to be listed on this application must be individually licensed as a Surplus Lines Broker
- Submit an application for each licensed individual who holds a Property & Casualty Producer License with authority to solicit surplus lines business for the Business Entity.
- Complete one application per licensed individual (member) with a check for \$150.00 per individual (member) made payable to the Division of Insurance
- Sign and date the application(s)

Note: Fees are Non-Refundable.

Non-Residents:

- Must currently hold a Non-Resident Property & Casualty Producer License or currently hold a Surplus Lines Broker License in their home state.
- Licensure must be verifiable through the NAIC Producer Database (PDB) or a home state Letter of Certification must be dated within 90 days

If you have any questions or need assistance, please contact Licensing at (617) 521-7794.

The application form with your check should be mailed to:

Division of Insurance

Producer Licensing Section

One South Station Boston, Massachusetts 02110 - 2208

Any false statement in this application is punishable as perjury under Ch. 268 Mass. General Laws and may result in the revocation of your license(s).

Please Print or Type

To the Commissione			1 1' 1	Fed ID # us Lines Insurance Broker License issued to:				
Application is nereb	y made for a	Business Entity Surj	pius Lines Insuranc	e Broker Licens	se issued to:			
Insert exact name of above . Insurance w	_	_			. You may only solicit	business in the name show		
Specify only Officer person. Complete of			-		names and all of the titl	les of office held by each		
Full Legal Name:		T4		First		Jr./Sr.		
	Last		First		Middle			
Social Security #:					3. Date of B	irth: / /		
Home Address:					5. Tel # ()		
	Street	City	State	Zip				
Business Address:					7. Tel# ()		
	Street	City	State	Zip				
Lines of Insurance:	[]	Property & Casualt	y					
Residence (last 5 Ye	ears):							
•	•	Street	City		State	Zip		

Employer's Name: Address:					
Address.	Street	City	St	ate	Zip
Do you engage in any be	usiness other than insu	rance?	[] Yes	[] No	
If YES, please describe			[] 100	[] 1.0	
	(merade amount of an	ere spenty.			
I have had	Years experience	e as a licensed insuran	ce agent or broker. (G	ive full details as to	experience and licenses held).
or motor vehicle damage	e appraiser, or ever ref	used to issue or renew	any such license, or h	ave you ever surrenc	u as an agent, broker, producer dered any such license or has an acer for any reason, or has any
other public official or c	court ever suspended, c	cancelled or revoked a	ny license or authority	of any kind issued to	o you to pursue any trade, from any public office or
[] Yes	[] No	(If YES,	attach details)		
Have you ever filed a peof, or any composition v					le any assignment for the benef
[] Yes	[] No	(If YES,	attach details)		
Is any company, agent of	or broker claiming that	you are now indebted	to them for overdue c	ollected insurance pr	remiums?
[] Yes Are you a trustee, managinsurance?	[] No ger, director, officer or		attach details) in whole or in part, of	any property or inter	rests of others who carry
[] Yes	[] No	(If YES,	attach complete detail	s)	
Do you plan to engage i	n the business of insur	ance sales as an affilia	ate or subsidiary corpo	ration of a bank or as	s a third party vendor for a bank
[] Yes	[] No		attach details)		• •
	o any indictment or con				any other state or country, or any indictment, complaint, or
[] Yes	[] No	(If YES,	attach details)		
Have you ever changed	your name through a c	court of law?			
[] Yes	[] No	(If YES,	attach details court and	d date of change.)	
	f Chapter 110 of the Ge	eneral Laws; however	, prior to filing same, a	pproval should be ol	ed with the City or Town Clerk a ptained from this Department. A tnership ONLY).
Are you currently selling	g insurance over the In	iternet?			
[] Yes	[] No	(If YES,	provide URL address)		
Brokers. I intend to act	and hold myself out an	nd carry on business in	n good faith as a Surpl	us Lines Broker. I h	obligations of Surplus Lines ereby verify the foregoing the above information changes,
Dated at		this	day of		,
Dated at				pri	YEAR

Please Note: This application must be signed by the applicant personally. Your signature constitutes your understanding that you must comply with the Commonwealth's Continuing Education Law for insurance personnel, and that you have complied with all of the Commonwealth's laws regarding taxes.